

CHAPTER 230

MENTAL HEALTH

MENTAL HEALTH (FORMS) REGULATIONS

S.I 46/1969

(SECTION 44)

[Commencement 18th September, 1969]

1. These Regulations may be cited as the Mental Health (Forms) Regulations. Title.

2. The forms set out in the Schedule to these Regulations are hereby prescribed for use in the appropriate cases to which they relate under Part II of the Mental Health Act. Prescribed forms.

SCHEDULE

FORM 1 (Section 6)

APPLICATION FOR ADMISSION FOR OBSERVATION

MENTAL HEALTH ACT

To the Authorities of (name and address of hospital).....
.....

1. I (name and address of applicant)
.....
hereby apply for the admission of (name and address of patient)
.....
to the above-named hospital for observation in accordance with Part II of the Mental Health Act.

- 2. (a) I am the patient's nearest relative within the meaning of the Act, being the patient's (state relationship) or
- (b) I have been authorized by the Courtto be treated as the patient's nearest relative under the Act and a copy of the authority is attached to this application.
- (c) I am the Authorised Officer appointed for the purpose of the Act.

Delete the two statements which do not apply

- 3. I last saw the patient on (date)
- 4. This application is founded on the medical recommendations forwarded herewith.
Signed
- Date

Record of Admission.

(This is not part of application but is to be completed later at the hospital).

- (a) (Name of Patient)
was admitted to
in pursuance of this application at (time)
on (date).....

FORM 2 (Section 8)

**APPLICATION FOR ADMISSION FOR OBSERVATION
IN CASE OF EMERGENCY**

MENTAL HEALTH ACT

To the Authorities of (name and address of hospital).....
.....

- 1. I (name and address of the applicant)
.....
hereby apply for the admission of (name and address of the patient)
.....
.....
to the above-mentioned hospital for observation in accordance with Part II of the Mental Health Act.

Delete the two statements which do not apply.

- 2. (a) I am the nearest relative of the patient within the meaning of the Act, being the patient's (state relationship)
.....
- (b) I am the Authorised Officer appointed to act for the purposes of the Act.
- (c) (In case of some Out Island) I am a Justice of the Peace for
- 3. I last saw the patient on (date)
- 4. In my opinion it is of urgent necessity for the patient to be admitted and detained under Section 8 of the Act, and compliance with requirements of the Act relating to applications for admission other than emergency applications would involve undesirable delay.
Signed.
Date

Record of Admission.

(This is not part of the application but is to be completed later at the hospital).

- (a) (Name of Patient)
- was admitted to
- in pursuance of this application at (time)
- on (date)

FORM 3 (Section 4)

MEDICAL RECOMMENDATION FOR ADMISSION FOR OBSERVATION

MENTAL HEALTH ACT

- 1. I (name and address of Medical practitioner)
-
- being a registered medical practitioner, recommend that (name and address of patient)
- be admitted to a hospital for observation in accordance with Part II of the Mental Health Act.

- 2. I last examined this patient on (date).....
- Respiratory System
- Circulatory System
- B.P./
- Alimentary System
- Central Nervous System
- General Condition
- Marks and injuries

Delete if not applicable

- 3. (a) I was acquainted with the patient previously to conducting this examination.
- (b) I have been appointed by the Minister under Part II of the Act to the panel of medical practitioners having five or more years medical experience.

- 4. I am of the opinion—
- (a) that this patient is suffering from mental disorder of a nature or degree which warrants his/her detention in a hospital under observation for at least a limited period; and
- (b) that this patient ought to be detained —
- (1) in the interest of the patient’s own health; or
- (2) with a view to the protection of safety to other persons; and

Delete (1) or (2) unless both apply.

(c) that informal admission is not appropriate in the circumstances of this case.

5. (This section is to be deleted unless the medical recommendation is in support of application for admission for observation in the case of emergency).

In my opinion it is of urgent necessity for the patient to be admitted and detained under Section 8 of the Act and compliance with the requirements of the Act relating to applications for admission for observation other than emergency application, would involve undesirable delay.

Signed

Date

FORM 4 (Section 5)

**APPLICATION BY NEAREST RELATIVE
FOR ADMISSION FOR TREATMENT**

MENTAL HEALTH ACT

To the Authorities of (name and address of the Hospital)

.....
.....

1. I (name and address of applicant).....

.....
hereby apply for the admission of (name and address of the patient)

.....
to the above hospital for treatment in accordance with Part II of the Mental Health Act.

Delete (a) or (b)

2. (a) I am the patient's nearest relative within the meaning of the Act, being the patient's (state relationship).....

.....
(b) or I have been authorized by the Courtto be treated as the patient's nearest relative under the Act and a copy of the authority is attached to this application.

3. I last saw the patient on (date).....

4. (a) The patient's date of birth is.....

.....
(b) or I believe the patient to be about years old.

5. This application is founded on the medical recommendations forwarded herewith.

Signed

Date

Record of Admission

(This is not part of the application, but is to be completed later at the hospital).

(a) (Name of patient) was admitted to (name of hospital) in pursuance of this application on (date)

Delete (a) or (b).

(b) (Name of patient) was already in (name of hospital) on the date of this application, and the application was received by me on (date)

Signed.....

On behalf of Hospital Authority

(Date)

FORM 5 (Section 6)

APPLICATION BY AUTHORISED OFFICER FOR ADMISSION FOR TREATMENT

MENTAL HEALTH ACT

To the Authorities of (name and address of the hospital).....

1. I (name and address of applicant)

hereby apply for the admission of (name and address of the patient).....

to the above-named hospital for treatment in accordance with Part II of the Mental Health Act, as a patient suffering from

(insert mental illness, severe subnormality, and/or psychopathic disorder).

2. I am appointed to act as an Authorized Officer for the purposes of the Act.

(This section should be deleted if no consultation has taken place.)

- 3. (a) I have consulted (name and address)

 who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Act.
- (b) or I have consulted (name and address).....

 who has been authorized by the
 Court to be treated as the patient's nearest relative under the Act.
- or (c) I have consulted (name and address).....

 who has been authorized by (name and address of patient's nearest relative)

 who, to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Act, to exercise the function of tire patient's nearest relative under the Act, and he/she has not notified me or the Ministry of Health that he/she objects to this application being made.

(This section should be deleted if no consultation has taken place.)

Delete the two statements which do not apply

- 4. (a) I have been unable to ascertain who is this patient's nearest relative within the meaning of the Act.
- or (b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.
- or (c) in my opinion it is not reasonably practicable beforewould involve unreasonable delay making this application to consult (name and address)

 who to best of my knowledge and belief is this the patient's nearest relative within the meaning of the Act.

- 5. I last saw the patient on (dates)

(This section is to be deleted if the patient is recorded above as suffering from mental illness or severe subnormality.)

Delete the statement which does not apply.

- 6. (a) The patient's date of birth is
 (if the exact age is not known)
- (b) I believe the patient to be under the age of twenty-one years.
- 7. This application is found on the medical recommendations forwarded herewith.

Signed
Date.....

Record of Admission

(This is not a part of the application but is to be completed later at the hospital.)

- (a) (Name of patient) Delete (a) or (b)
was admitted to (name of hospital)
..... in pursuance of this application of (date)
- or (b) (Name of patient)
was already in (name of hospital)
..... on the date of this application,
and the application was received by me on behalf of
the Hospital Authorities on (date)
- Signed.....
- Date.....

FORM 6 (Section 5)

MEDICAL RECOMMENDATION FOR ADMISSION FOR TREATMENT

MENTAL HEALTH ACT

- 1. I (name and address of practitioner).....
being a registered medical practitioner, recommend that (name
and address of patient).....
.....
be admitted to a hospital for treatment in accordance with
Part II of the Mental Health Act.
- 2. I last examined this patient on (date)
Respiratory System
Circulatory System
B. P.
Alimentary System
Central Nervous System
General Condition
Marks and injuries
- 3. (a) I was acquainted with the patient previously to Delete if not
conducting this examination. applicable.
- (b) I have been appointed by the Minister under Part II of
the Act to the panel of medical practitioners having five
or more years medical experience.

Insert mental illness, severe subnormality, and/or psychopathic disorder.

4. In my opinion this patient is suffering from.....
.....of a nature or degree which warrants his/her detention in a hospital for treatment within the meaning of the Act. This opinion is founded on the following grounds:

(Clinical description of patient’s mental condition)

.....
.....
.....
.....

5. I am of the opinion that it is necessary —

- (1) In the interests of this patient’s health or safety;
- (2) for the protection of other persons, that this patient should be detained in a hospital, and my reasons for this opinion are.....

(Reasons should indicate why other methods or treatment if available are not appropriate, and why informal admission is not suitable).

.....
.....
.....

Signed.....

Date.....